

Application for Septic Disposal System Construction Permit – TOWN OF NORTH ANDOVER, MA 01845

TODAY'S DATE

\$ 250.00 - Full Repair \$125.00 - Component

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





App	olication is hereby made for a permit to: ☐ Construct a new on-site sewage disposal system	tom*	
	☐ Repair or replace an existing on-site sewage of		
		-	
	Repair or replace an existing system component	ent – wnat?	
Α.	Facility Information		
	Address or Lot #		
	City/Town		
2	*TYPE OF SEPTIC SYSTEM*:		
/	>	ion	
1	 Conventional System (pipe and stone system) 	OH	
	➤ Infiltrator or Biodiffuser (Gravel-Less) (Attach a	a copy of your certifica	tion to install this type of system.)
	 		
	Does the system require an effluent filter?	YesN	o
If y	res, does plan specify make and model of filter?	YES = (no furthe	er info. needed)
	= (installer must specify brand of filter before D		,
	What is the Make? What is the Moo	1 ₀ 12	
2.	Owner Information	ici.	
۷.	<u>Owner information</u>		
	Name		
	Address (if different from above)		
	City/Town	State	Zip Code
	6.1, 7.10	Clair	Z.p 0000
	Email address	Telephone Number	
3.	Installer Information		
٠.	motanor miorination		
	Name	Name of Company	
		, , ,	
	Address		
	Otto	01-1-	
	City/Town	State	Zip Code
		Telephone Number (C	Cell Phone # if possible please)
	Designer Information	•	. ,
4.	<u>Designer Information</u>		
	News	Name of October 2000	
	Name	Name of Company	
	Address		
	City/Town	State	Zip Code
		Talanhana Number (F	Post # to Bosch



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6. Floor Plans? (new construction only):

	P	PAGE 2 OF 2					
	A.	Facility Information continued					
	5.	Type of Building: ☐Residential Dwelling or ☐]Commercial				
	В.	. Agreement					
		The undersigned agrees to ensure the construction and maintenance of the afore-described on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code, as well as the Local Subsurface Disposal Regulations for the Town of North Andover. I understand that until a final Certificate of Compliance has been issued by this Board of Health, the installed system is not approved.					
		Name	Date				
		Application Approved By: (Board of Health Representative)					
		Name	Date				
		Application Disapproved for the following reasons:					
_							
<u>For</u>	Office Use	Only:					
1.	Fee Attache	ed?	Yes	<i>No</i>			
2.	Project Ma	nager Obligation Form Attached?	<i>Yes</i>	<i>No</i>			
3.		em? If so, Attach copy of Electrical Permit eceived copy of	Yes	<i>No</i>			
	4.4	al Inspection Notes for Septic Systems"	<i>Yes</i>	<i>No</i>			
4.	Reviewed a	pproval letter, all paperwork received?	<i>Yes</i>	<i>No</i>			
M	lissing:						
<i>5.</i>		n As-Built? (new construction only): ome scale as approved plan)	Yes	No			

 No_{--}

 $Yes_{__}$